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CONFIRMATION NO. 3483

<b>SERIAL NUMBER</b> 10/757,341	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> 3663	<b>ATTORNEY DOCKET NO.</b> 074036.0132
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**APPLICANTS**  
 Mohammed N. Islam, Ann Arbor, MI;

**\*\* CONTINUING DATA \*\*\*\*\*** *yes mao* *yes mao*  
 This application is a CON of 10/652,276 08/29/2003 which claims benefit of 60/408,025 09/03/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE mao*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>Mark Hellner</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
5073

**TITLE**  
System and method for voice control of medical devices

<b>FILING FEE RECEIVED</b> 815	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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